

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-028274

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3925

STATE FILE NUMBER

FILED AUG 6 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4226 CLEVELAND AVE		d. STREET ADDRESS (If outside, give location) 4226 CLEVELAND AVE	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First GEORGE Middle CHARLES Last EGY		4. DATE OF DEATH Month JULY Day 10 Year 1963	
5. SEX MALE	6. COLOR OR RACE CAUC.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/18/1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) pharmacist		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 73
11a. FATHER'S NAME John EGY		11b. MOTHER'S MAIDEN NAME Anna Kemna	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John EGY		14. NAME OF HUSBAND OR WIFE ELLEN EGY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) no		16. SOCIAL SECURITY NO.	
17. INFORMANT ELLEN EGY, KANSAS CITY, MO.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MALIGNANT LYMPHOMA	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) _____ DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 8:50 a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	Month, Day, Year 7/10/63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION KANSAS CITY, MO.	
21. I attended the deceased from Oct 1961 to 7/10/63 and last saw him alive on 7/6/63 Death occurred at 8:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Walter P. Jacob (Physician or title)	
22b. ADDRESS 701 E 63rd		22c. DATE SIGNED 7/11/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-13-63	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet	23d. LOCATION (City, town, or county) Kansas City, Mo.
24. FUNERAL DIRECTOR A.W. NEWCOMER'S SONS, KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 7-12-63	26. REGISTRAR'S SIGNATURE Reeth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

Dr. Walter P. Jacobs
101 Western Bldg. - 701 East 63rd St.
12:00-4:30

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Chester K Brown

Licensed Embalmer No. *4931*

P. O. Address *Kyle*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.